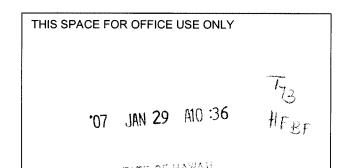


## **HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org



		<u> </u>	TATE OF HAWA!	
		ISTRATION FORM Print Clearly)	ETHICS CUMMISSION	
PART I LOBBYIST	(туре от	THIR Glearly)		
NAME (Last)	(First)	(Middle)	TELEPHONE	
Takemoto	Alan	T.	848-2074	
MAILING ADDRESS (Street)			FAX	
2343 Rose Street			848-1921	
(City)	(State)		(Zip Code)	
Honolulu	Hawaii		96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
MAILING ADDRESS (Street)			FAX	
(City)	(State)		(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaii Farm Bureau Fed	848-2074		
MAILING ADDRESS (Street)		FAX	
2343 Rose Street		848-1921	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Alan Takemoto			
MAILING ADDRESS (Street)		FAX	
same as above			
(City)	(State)	(Zip Code)	

PART III DESCRIPTION	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBB	Υ		
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections			
	ON OF LOBBYIST				
I hereby certify that th	ne information furnished abov	re is, to the best of my knowled	dge, correct and complete.		
(0)	Lan Johnson	7	1/27/07		
- Committee -			(Date)		
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZAT	TION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Dean J. Okimoto	President				
Dean J. Okimolo		1 Tosidon			
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Hawaii Farm Bureau Federation			848-2074		
MAILING ADDRESS (Street)			FAX		
2343 Rose Street			848-1921		
(City)	(State)		(Zip Code)		
Honolulu	Hawaii		96819		
I hereby authorize the	e above - named person to er	ngage in lobbying activities on	behalf of the undersigned.		
1 0 1 1 -					
/ Joan	of Util		1/21/0/		
(Signature of Authorizing Officer or Person Represented)					